

Application Data Sheet

Application Information

Application number::	Unknown
Filing Date::	Herewith
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title ::	SURGICAL SAW BLADE COUPLER
Attorney Docket Number::	60,210-190
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	6
Small Entity?::	No
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::
Primary Citizenship Country:: *US*
Status::

Given Name:: *Andrew*
Middle Name::
Family Name:: *Gant*
Name Suffix::
City of Residence:: *Austin*
State or Province of Residence:: *Texas*
Country of Residence:: *United States*
Street of mailing address:: *12610 Riata Tr Pkwy, #422*
City of mailing address:: *Austin*
State or Province of mailing address:: *Texas*
Country of mailing address:: *United States*
Postal or Zip Code of mailing address:: *78727*

Correspondence Information

Correspondence Customer Number :: *27305*

OR (ONLY USE ONE)

Name:: *No more than 50 characters*
Street of mailing address:: *No more than 50 characters per line, up to 2 lines*
City of mailing address:: *No more than 40 characters*
State or Province of mailing address:: *No more than 50 characters*
Country of mailing address:: *No more than 50 characters*

Postal or Zip Code of mailing
address::

No more than 20 characters

Phone number::

No more than 40 characters per line

Fax Number:

No more than 40 characters per line

E-Mail address::

No more than 64 characters per line

Representative Information

Representative Customer Number:: 27305

-OR- (ONLY USE ONE OR THE OTHER)

Representative Designation::
Primary or Associate

Registration Number::
No more than 5 digits

Representative Name::
No more than 50 characters

Domestic Priority Information

Application No::
60/425,461

Continuity Type::
US Provisional

Filing Date::
November 12, 2002

Foreign Priority Information

Country:: Application number:: Filing Date:: Priority Claimed::

Assignee Information

Assignee name::	Stryker Instruments
Street of mailing address::	<i>4100 East Milham</i>
City of mailing address::	<i>Kalamazoo</i>
State or Province of mailing address::	<i>Michigan</i>
Country of mailing address::	<i>United States</i>
Postal or Zip Code of mailing address::	<i>49001</i>